

+

+

| | | | | |
|---|---|----|--------------------------|---------------------|
| Substitute for form 1449B/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(use as many sheets as necessary)</i> | | | Complete if Known | |
| | | | Application Number | 09/290,855 |
| | | | Filing Date | 04/13/1999 |
| | | | First Named Inventor | Abdul Ghafoor Akram |
| | | | Group Art Unit | 2743 |
| | | | Examiner Name | Not yet assigned |
| | | | Attorney Docket Number | 1233 |
| Sheet | 1 | of | 1 | |

[illegible]

| | | | |
|-----------------------|------------|--------------------|--------|
| Examiner Signature | Manu Piles | Date Considered | 9/3/02 |
|-----------------------|------------|--------------------|--------|

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Unique citation designation number. ² Applicant is to place a check mark here if English language Translation is attached.

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.**

+

+

+

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Substitute for form 1449B/PTO

(use as many sheets as necessary)

Sheet

1

of 2

Application Number

Filing Date

First Named Inventor

Group Art Unit

Examiner Name

Attorney Docket Number

Complete if Known

The Con/tra

04/13/1999

Abdul Ghafoor Akram

| | |
|------|------|
| 2743 | 1999 |
|------|------|

Unknown

| | |
|------|-----|
| 1233 | ROU |
|------|-----|

[illegible]

Examiner
Signature

Date _____

Considered

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Unique citation designation number. ² Applicant is to place a check mark here if English language Translation is attached.

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:** Assistant Commissioner for Patents, Washington, DC 20231.

+